

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24598  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3243

|   |  |                                  |  |   |   |  |  |   |  |
|---|--|----------------------------------|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>State</b>                    |   |  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | c. CITY OR TOWN <b>Parkville</b>                                      |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| 3 c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2843 Mersington</b>   |  |                                  | Length of stay in 1b<br><b>1 day</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>X R R # 4</b>     |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED<br>(Type or print) First <b>ERNEST</b> Middle <b>B.</b> Last <b>HAWKINS JR.</b>   |  |                                  |  |   |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>11th</b> Year <b>1957</b>           |  |   |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b> |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>8-24-1920</b>   |  | 9. AGE (In years last birthday) <b>36</b><br>IF UNDER 1 YEAR Months Days Hours Min.               |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Service Lineman</b>   |  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>K.C. Power &amp; Light</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Weston, Missouri</b> |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Ernest B. Hawkins Jr.</b>  |  |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Daisy Anderson</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Madeline</b>                                   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |                                  |  | 16. SOCIAL SECURITY NO.<br><b>493-18-9400</b>   |   | 17. INFORMANT<br>Address <b>RE # 4</b><br><b>Madeline Hawkins Parkville, Mo.</b> |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Circulatory failure</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Etalocyte's indetermined</b><br>DUE TO (c) <b>Heart frustration &amp; failure</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>et alocytes</b> |  |                                  |  |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>89 1/2</b>   |  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>was on a power pole when he collapsed</b> |   |   |  |  |   |  |
| 20c. TIME OF INJURY<br>Month, Day, Year<br>a.m. <b>7-11-57</b><br>p.m.  |  |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>                               |   |   |  |  |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Kansas City</b>  |  |                                  | 20f. CITY, TOWN, OR LOCATION<br><b>Jackson</b>   |   |   | STATE<br><b>MO</b>   |  |   |  |
| 21. I attended the deceased from _____, to _____ and last saw him/her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |                                  |  |   |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>3</b>  |  |                                  |  |   | 22b. ADDRESS<br><b>1034 Pualto Bldg</b>                               |  |  | 22c. DATE SIGNED<br><b>7-12-57</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>7/12/57</b>      |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Dearborn Cem.</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>DEARBORN MO</b>              |  |   |  |
| 24. FUNERAL DIRECTOR<br><b>Paul Hume Home</b>   |  |                                  | ADDRESS<br><b>KRM</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-12-57</b>                        |  | 26. REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b>                                    |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 14 1957

MAR 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.